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	Application Number	
TRANSMITTAL FORM	Filing Date	
	First Named Inventor	Sa
sed for all correspondence after initial filing)	Group Art Unit	17

Application Number	09/831,411			
Filing Date	May 7, 2001			
First Named Inventor	Sanderson et al.			
Group Art Unit	1712			
Examiner Name	M. Feely			
Attorney Docket Number	2507-5790.1US (21679-US-01)			

	Attorney Docket Number		2507-5790.1US (21679-US-01)				
ENCLOSURES (check all that apply)							
Postcard receipt acknowledgment (attached to the front of this transmittal)	☐ Information Disclosure Statement, PTO/SB/08A (08-00); ☐ copy of cited references		Terminal Disclaimer				
Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16	Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. 7066 in the amount of \$180.00		Terminal Disclaimer				
Preliminary Amendment	Associate Power of Attorney		Terminal Disclaimer				
Response to Restriction Requirement/Election of Species Requirement dated	Petition for Extension of Time and Check No. in the amount of \$						
Amendment in response to office action dated September 7, 2004	Petition						
Amendment under 37 C.F.R. § 1.116 in response to final office action dated	Fee Transmittal Form		Other Enclosure(s) (please identify below):				
Additional claims fee - Check No. in the amount of \$	Certified Copy of Priority Document(s) Assignment Papers (for an Application)						
Letter to Chief Draftsman and copy of FIGS. with changes made in red							
☐ Transmittal of Formal Drawings	Remarks						
Formal Drawings (sheets)	The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name Joseph A. Walkowski		Registration No. 28,765					
Signature							
Date December 7, 2004							
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